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Corticotropin (ACTH) and Cortisone

Newer Concepts of Their Use in Clinical Practice

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AFTER THREE YEARS of clinical application of corticotropin (ACTH) and cortisone, certain questions urgently require specific answers. Among these questions are the following:

1. What is the status of patients with rheumatoid arthritis who have been treated with corticotropin and/or cortisone for periods of more than two years?

2. In chronic conditions such as arthritis and asthma, what represents an optimal long-range program for therapy—that is, should one use completely suppressive therapy or minimal dosage; continuous or intermittent treatment?

3. In conditions known to be fatal in almost all cases (such as lupus erythematosus and pemphigus) in which corticotropin/cortisone are known to produce favorable effects, is such benefit only transient?

4. Is there any place for the use of the hormones in the treatment of patients with severe infectious diseases of known cause?

5. How much concern should there be as to the "untoward effects" of corticotropin and cortisone? Can these effects be favorably modified or prevented by dietary or other measures?

• *On the basis of three years' experience with corticotropin and cortisone, it seems probable that the place of these hormones in clinical medicine will be one of increasing importance. At present they may be used to attain certain specific objectives:*

1. *To return a large number of chronic invalids to a place of full activity in the community. This applies particularly to patients with rheumatoid arthritis and bronchial asthma. Many years of continuous therapy will be required in the majority of such patients.*

2. *As life-saving agents in patients with certain diseases of unknown etiologic delineation that almost always cause death. In some patients treated for some of those diseases, therapy may eventually be discontinued.*

3. *As life-saving agents (in conjunction with intensive antibiotic therapy) in patients with severe infections inadequately responsive to chemotherapy alone.*

Many of the untoward effects of hormonal therapy may be minimized or prevented by appropriate adjuvant measures.

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There is considerably less than unanimity of answers to any of those questions. In this presentation attempt is made to supply as definite answers

EDITORIAL

Gamma Globulin, the Health Officer And the Family Physician

COMES SUMMER, comes poliomyelitis. And with it, this year, a dual problem of therapy and public relations for private physicians and health officers.

The protagonist this year is gamma globulin, derived from whole blood, which has been tested and found, variously, to have some effect in preventing poliomyelitis and in ameliorating the paralytic effects of the disease after it is contracted.

Perhaps gamma globulin, generally referred to as GG, should not be cast in the role of the protagonist. It is, actually, the innocent bystander in a battle of giants. In this instance, the bystander does not stand to suffer, but its two strongest friends are more likely to feel the evil effects of the play.

These friends are the health officer and the family physician. They have been cast in mere walk-on parts in the play between the Office of Defense Mobilization, the American National Red Cross and the National Foundation for Infantile Paralysis, Inc. While these titans battle and each protects its own position, the health officer and the family physician are left to shift for themselves and to absorb the public punishment which is due to be meted out.

Placing these giants in their respective positions, we find the ODM in the official top spot, in charge of the entire program of production and distribution of GG. The American National Red Cross has assumed responsibility for the collection of whole blood, from which GG may be produced. The NFIP comes into the picture as a national organization primarily interested in preventing and treating poliomyelitis and, incidentally, the owner of large supplies of gamma globulin produced before the national program was worked out.

Beneath this top level group come the health officers—the state and territorial health officers and the numerous county, district and municipal health

officers serving in smaller jurisdictions. While these specialists in communicable disease have been consulted in the national planning, their voices have been lost in the trumpeting of the giants. The family physician may be listed in the program among those “also in the cast.”

As the distribution program has been worked out, 57 per cent of that part of the apparent total national 1953 supply of GG that has been earmarked for the prevention or treatment of poliomyelitis will be allocated to the state health departments. (It is planned that California's allotment will be used for inoculation of persons in the households of patients with clinically diagnosed cases of the disease.) The remainder of the national supply will be reserved for the prevention of infectious hepatitis and measles and, to a larger extent, for mass inoculations in selected communities where it appears there will be an unusually high incidence of cases.

California will receive about 18,000 doses of GG for inoculating “household contacts.” With 10 per cent of that supply reserved for camps, state institutions and for use in areas of unusual outbreaks, we will have 16,200 prophylactic doses available for a population of more than 11,000,000 people.

The California Medical Association and the State Department of Public Health have already called the public's attention to this situation and have pointed out that many California parents who would like to have their children get GG prophylactically must be disappointed. The supply just won't meet the demand.

Meanwhile, the Red Cross has used the need for blood for GG production as a rallying cry in its annual drive for funds. The Red Cross has insisted that its call for funds has been an honest appeal and not, as others have claimed, a misrepresentation to the public. The fact remains that no matter how much whole blood is secured, the processing facilities for producing GG will not accommodate more than a small fraction of the national demand.

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KEY TO ABBREVIATIONS USED

(Or.)—Original Article; (Ed.)—Editorial; (CMA)—California Medical Association; (CR)—Case Report; (I)—Information; (LE)—Letters to the Editor.

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